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|---|----------------------------------|--|-------------------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |                                  | Docket Number (Optional)<br>SAIME 3.3-004                      |                                     |
| Application Number                      10/550,247-Conf. #1734  |                                  | Filed    August 15, 2006 |                                     |
| For     BREATHING ASSISTANCE APPARATUS  |                                  |  |                                     |
| Art Unit                      3771  |                                  | Examiner                      K. C. Matter                     |                                     |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |                                  |  |                                     |
|   |                                  | <u>Fee</u>   | <u>Small Entity Fee</u>             |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))    | \$130  | \$65                      \$ 130.00 |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))   | \$490  | \$245                      \$       |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3)) | \$1110   | \$555                      \$       |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1730   | \$865                      \$       |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2350   | \$1175                      \$      |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                                  |  |                                     |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                                  |  |                                     |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                                  |  |                                     |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |                                  |  |                                     |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number                      12-1095                      .                                  |                                  |  |                                     |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>   |                                  |  |                                     |
| I am the <input type="checkbox"/> applicant/inventor.   |                                  |  |                                     |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                                  |  |                                     |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number                      45,256  |                                  |  |                                     |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34  |                                  |  |                                     |
| _____/Andrew T. Zidel/<br>Signature   |                                  | _____/July 26, 2010/<br>Date                                   |                                     |
| _____/Andrew T. Zidel/<br>Typed or printed name   |                                  | _____/ (908) 518-6385/<br>Telephone Number                     |                                     |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |                                  |  |                                     |
| <input type="checkbox"/> Total of                      1                      forms are submitted.  |                                  |  |                                     |

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| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). |   |
| Dated: July 26, 2010   | Electronic Signature for Andrew T. Zidel: /Andrew T. Zidel/ |